

Workshop report: promoting sexual health

A report on The Second International Workshop on Preventing the Sexual Transmission of HIV and other STDs. 24–27 March 1991, Robinson College, Cambridge, UK.

Two hundred invited participants from 28 countries (including 22 from Eastern Europe) attended this workshop, a follow up to the first workshop held in the Netherlands in 1989. It was organised by the Health Education Authority and the British Medical Association Foundation for AIDS, and co-sponsored by the World Health Organisation. The participants came from a wide variety of backgrounds: many in local and national health promotion posts, drugs workers, workers from voluntary organisations, ex-prostitutes, behavioural scientists, department of health employees, HIV co-ordinators, staff from STD clinics and many other assorted backgrounds.

In the opening address, Dr Ekeid from the WHO's Copenhagen office best caught the mood of the meeting. He spoke about the lack of integration of AIDS Control Programmes and STD Prevention Programmes, and stressed the need for these to work synergistically together. He also stressed the importance of "horizontal" integration with primary care, and deplored the lack of knowledge of "sexualogy" (the science of sexual relations) among many providers of services in STD clinics. The audience warmly supported his statement, "Only an individual who has the strength to say yes to sexuality, has the strength to say no to risky sexual behaviour — to make the choice". He finished by suggesting that our aim should be "To make the healthy choices the easy choices".

After the opening addresses the participants split into eleven official working groups which were allocated a total of 8 hours discussion time over the next 2 days. My own group, on drug misusers, was useful in providing cross-fertilisation between people from an STD background and those in the drugs field. Part of our discussion focused on the difficulty in establishing useful health promotion where the "war on drugs" has become a "war on drug users". It is vitally important that STD clinics, drugs agencies, and voluntary organisations work closely together. In Europe as a whole, intravenous drug users with HIV are now the largest group of people with HIV.

The crucial need for a sensitive appreciation of terminology was obvious throughout, and various speakers were taken to task over this. The group

working on "Men who have sex with men (including sex workers)" firstly deplored the term "MWHWSM", but no one has yet suggested a more suitable all-encompassing term. Secondly, they requested that we reserve judgement on the recent resurgence of gonorrhoea among homosexual men. This does not necessarily represent "relapsed" sexual behaviour. Among other factors, the roles of oro-anal and digital-anal sex in transmission are of interest. The absence of an official group on "Sex work" was partially remedied by an unofficial group composed largely of ex-sex workers now involved in health promotion. The virtues of peer education are as obvious in this field as in any other. An essential element, however, is that the statutory organisations must trust the peer educators to direct their work in the way they deem best, and not attempt to assume overall control.

The final morning saw presentations from Dr Christine Godfrey, an economist (unfortunately no cost-benefit analysis of HIV health promotion has yet been conducted), Professor Roger Short from Melbourne ("condoms in the classroom are our only hope"), and from each of the working groups. The rapporteur, Renée Aroney, from the condoms group stressed the importance of teaching people to use condoms properly. Per-Anders Mardh wrote recently "Its protective value in groups never taught how to use the condom not only for contraception but also as a protection against STDs is not established. In a recent study of teenage girls from Stockholm, only 7% were considered to know how to properly use the condom for this latter purpose". (*Scand J Infect Dis* 1990;**S69**:83–87).

Currently WHO estimates suggest that, worldwide, 80% of HIV has been sexually transmitted, 70% by vaginal intercourse and 10% by anal intercourse. Dr Ekeid hit the right note at the outset when he stated that the solution should be based on the belief in "Sexuality as a positive force" and that "People have a right to sexual health". In order to achieve these aims, greater integration of efforts is required or, in the slogan of World AIDS Day 1991, what is required is "Sharing the challenge".